

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/019528** FILING DATE **25 FEB 2002**
APPLICANT(S) *Anderson*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
4		/				
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50						
TOTAL IND.			3			
TOTAL DEP.		12				
TOTAL CLAIMS		15				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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